Name in Full Catherine Moyer Moyes Certificate of Death

Died at Town Hanover County Carroll MARYLAND

Date 189 Month Mar Day 31 | Age Y. 91 M. 7 D. 0 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widower~~ Widow ~~Divorced~~ | Number of children living none

Husband of James Moyer
Wife

Father's Name William Nicholas | Mother's Name Mary Welch

Cause of Death: Primary Asthma 72 | How long sick 3 years

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by J. J. Knight MD

Address Hanover

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Elizia J. Alexander

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month 3 Day 20 Age Y. 83 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ of Wife John W. Alexander

Father's Name Mother's Name 141

Cause of Death Primary Old age How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Whig 3-25

Address

Must be signed by physician, if any in attendance, otherwise [illegible] roner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full John Barnaby

Certificate of Death

Died at Town Fredericktown County Cecil MARYLAND

Date 189 9 Month 3 Day 3 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig Ellston

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Mrs. Mary Elizabeth Boyd

Certificate of Death

Died at Town Perryview County Cecil MARYLAND

Date 189 9 Month 3 Day 3 Age Y. 38 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Taylor L. Boyd

Father's Name Peter Gillespie Mother's Name 161

Cause of Death Primary Complication of Immediate diseases

How long sick

Accident, Suicide, Homicide

Reported by Republican Havre de Grace

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mrs. Mary Elizabeth Boyd — Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 1897 Month 3 Day 3 — Y. 38 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 3

~~Husband~~ / Wife of Taylor L. Boyd

Father's Name — Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. News

Address 3-8-98

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PPB

Name in Full Lillian Burlin

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 1899 Month March Day 3 Age Y. – M. – D. 4 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of

Wife

Father's Name Edward Burlin

Mother's Name Lena Burlin

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by S B Tish Undertaker 4-25

Address Colora Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Lillian Burlin

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Data 189 9 Month 3 Day 2 Age Y. M. D. Infant Native of Occupation

~~Male~~ Female White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicida, Homicide

Reported by Cecil Whig Elkton

Address 3-11

Must be signed by physician, if any in attendance, otharwise by coroner, undartakar or minister.

LIBRARY BUREAU, 7998B

Name in Full Samuel H Clements

Certificate of Death

Died at Town Lombard County Cecil MARYLAND

Date 1899 Month Mar. Day 26 Age Y. 75 M. 6 D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel Clements Mother's Name Ann Hopper

Cause of Death Primary Chronic Cystitis 102 How long sick 6 yrs

Immediate Valvular Heart trouble Accident, Suicide, Homicide

Reported by Dr Gifford

Address Bion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Lillie Crothers

Certificate of Death

Died at Town College Green County Cecil MARYLAND

Date 1899 Month 3 Day 28 Age Y. 22 M. 7 D. 13 Native of Pa Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living one

~~Husband~~ Wife of Alfred Crothers

Father's Name Thos Doyle Mother's Name Elizabeth Doyle

Cause of Death Primary Pneumonia How long sick 4 Days

Immediate Same 72 ~~Accident, Suicide, Homicide~~

Reported by D. H. Richardson M.D.

Address Colvert Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Grace Devonshire

Died at Town Pilot County Cecil MARYLAND

Date 1899 Month Mar Day 20 | Age Y. 1 M. D. 20 | Native of ——— | Occupation ———

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Benj. Devonshire

Mother's Name Nettie Devonshire

Cause of Death — Primary Measles — How long sick 8 days

Immediate Capillary Bronchitis

~~Accident, Suicide, Homicide~~

Reported by Geo. W. Gillespie M. D.

Address Pleasant Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full John H. Feehly

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month 3 Day 9 Age Y. 30 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name 22 E

Cause of Death Primary Throat consumption How long sick

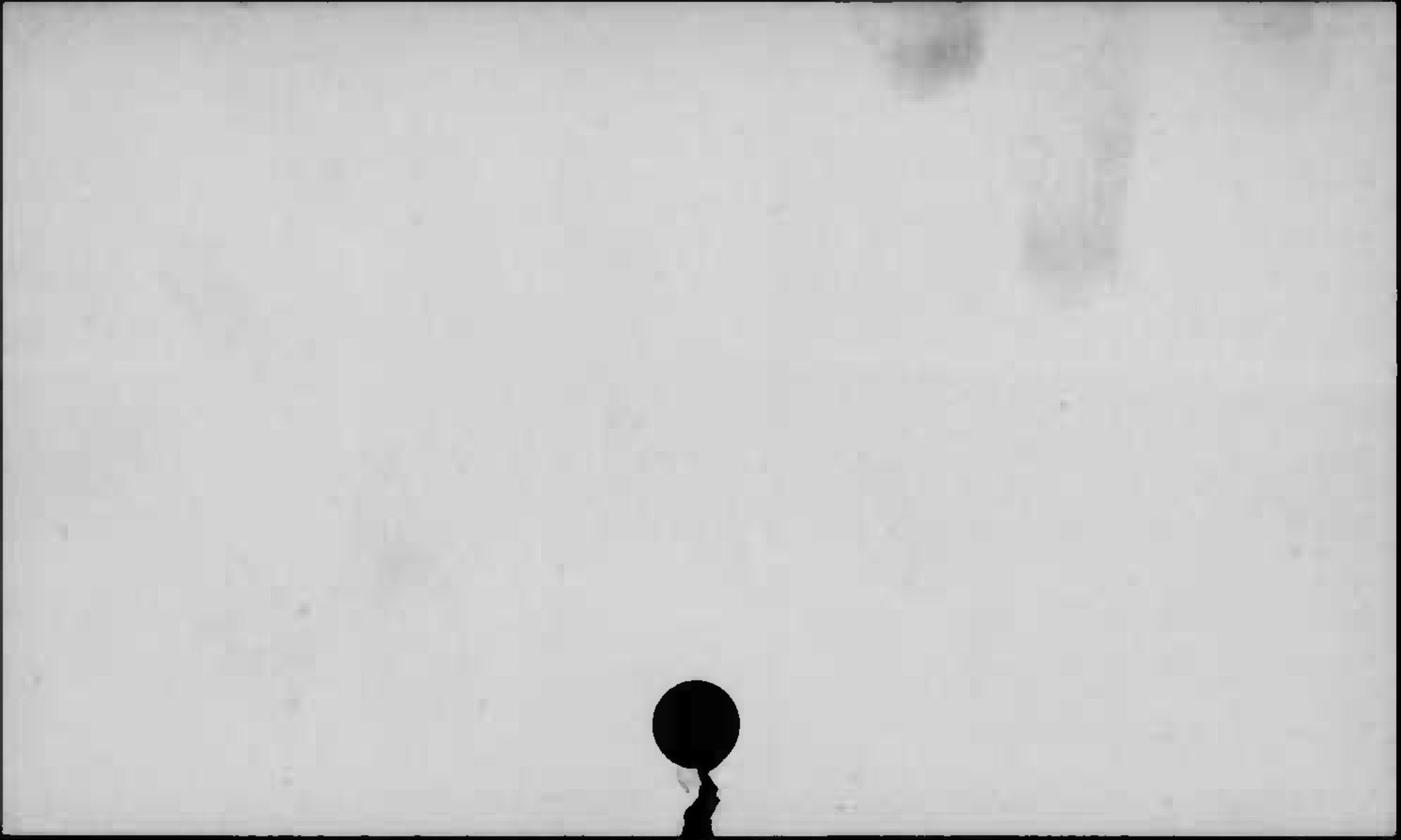
Immediate Accident, Suicide, Homicide

Reported by Cecil Whig

Address 3-11 Ly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full: Jeremiah C. Ford

Certificate of Death

Died at: Town: North East — County: Cecil — MARYLAND

Date 1900 — Month: 3 — Day: 26 — Age: Y. 84 M. 11 D. 0 — Native of: Md. — Occupation: Merchant

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: One

Husband / Wife of: Sophia Mauldin

Father's Name: John H Ford — Mother's Name: Sophia

57

Cause of Death — Primary: Heart Disease — How long sick: not known

Immediate: " Failure — ~~Accident, Suicide, Homicide~~

Reported by: Theo A Horrall M.D.

Address: North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Chas. J. Hutton

Died at — Town: Pleasant Hill — County: Cecil — MARYLAND

Date 1899 — Month: March — Day: 28 — Age: Y. 6 M. 3 D. — Native of: Md — Occupation: Infant

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Elmer J Hutton — Mother's Name: Martha Hutton

Cause of Death — Primary: Pneumonia 72 — How long sick: Five days

Immediate: Spasms — Accident, Suicide, Homicide

Reported by: R. L. Gifford

Address: Zion Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Amanda Jackson — Certificate of Death

Died at Elkton — Town — County Cecil — MARYLAND

Date 189 7 — Month 3 — Day 21 — Age Y. M. D. — Native of — Occupation

~~Male~~ Female — ~~White~~ Colored — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name — Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Alig 3-20-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full Mrs. Georgiana Jackson — Certificate of Death

Died at Town Elkridge County Cecil MARYLAND

Date 189 9 Month 3 Day 18 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Chas. Jackson

Father's Name | Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Dem.

Address [redacted] 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Mrs. Mary Long

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month 3 Day 25 Age Y. 76 M. D. Native of Occupation

~~Male~~ Female White ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 2 step dang tr

~~Husband~~ Wife of John Long

Father's Name Mother's Name 150

Cause of Death Primary Suffocated by Immediate coal gas How long sick Accident, Suicide, Homicide

Reported by Cecil Co. Mrs

Address 3-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John F. McAllister

Certificate of Death Pauper in Asylum

Died at Town Cecil Co. County Lindens Asylum MARYLAND

Date 1899 Month March Day Y. M. D. Age Native of Cecil Occupation Carpenter

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 5-7 How long sick 3 months

Immediate Heart Disease

Accident, ~~Suicide~~ ~~Homicide~~

Reported by B Hunsberger

Address N. East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full McMullen

Certificate of Death

Died at Town Gowsbard County Cecil MARYLAND

Date 189 9 Month 3 Day Age Y. M. D. Infant Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Whig

Address 3-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Alfred Mitchell Mahaney

Certificate of Death

Died at Town: Cherry Hill County: Cecil MARYLAND

Date 1899 Month: Mar Day: 30 Age Y. 58 M. D. Native of: Md Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Howell

Father's Name John Mahaney Mother's Name 97

Cause of Death: Primary Interstitial Nephritis — How long sick about 1 year

Immediate arteriosclerosis — Uraemia ~~Accident, Suicide, Homicide~~

Reported by Dr. Howard Brallier

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full: James Adrian Boyne Morton

Certificate of Death

Died at Town: Port Deposit County: Cecil MARYLAND

Date 1899 Month: 3 Day: 11 | Age Y. 41 M. 7 D. 11 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Morton

Mother's Name: Mary Elizabeth Morton

Cause of Death: Primary: Pulmonary tuberculosis — How long sick: 3 years

Immediate: Exhaustion — 22a — ~~Accident, Suicide, Homicide~~

Reported by D. G. Fisher M.D.

Address Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Annie Price

Certificate of Death

Died at near Town Cecilton County Cecil Co MARYLAND

Date 1899 Month 3 Day 25 | Age Y. 24 M. D. | Native of Cecil Co. | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | ~~Widow~~ Widower | ~~Divorced~~

Number of children living none

~~Husband~~ Wife of Perry Price

Father's Name Benj Warfield

Mother's Name Ellen Hennard.

Cause of Death: Primary Phthisis Pulmonalis

Immediate Exhaustion

How long sick 1 year

~~Accident, Suicide, Homicide~~

Reported by E. H. Hardcastle

Address Cecilton,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Barclay Reynolds, Sr

Diod at Town: Rising Sun County: Cecil MARYLAND

Date 1899 Month: 3rd Day: 12 | Age Y. 80 M. D. | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Amanda Reynolds, (nee) Carter

Father's Name | Mother's Name

Cause of Death: Primary Passive Congestion of Brain | How long sick 3 weeks

~~Immediate~~ Slow 42 | ~~Accident, Suicide, Homicide~~

Reported by Geo. S. Dare M D

Address Rising Sun Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65860

Name in Full Lawrence Shank

Certificate of Death

Died at Town Colora County Cecil Md MARYLAND

Date 1899 Month 3 Day 28 Age Y. 12 M. D. Native of Cecil Co Occupation none

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Samuel Shank

Mother's Name Rebecca Shank

Cause of Death Primary Valvular disease of heart

Immediate " " " 5.7.

How long sick 4 yrs

~~Accident, Suicide, Homicide~~

Reported by Geo. S. Dare MD

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name In Full Geo. Simmons

Certificate of Death

Died at Town Farwicks County Cecil MARYLAND

Date 189 9 Month 3 Day 19 | Age Y. 70 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. Hlth Off 3-20-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988B

M. P. Church, Harwich.

Name In Full

Certificate of Death

Georgie Anna Spear

Died at Town: Chesapeake City County: Cecil MARYLAND

Date 189 9 Month: March Day: 18

Age Y. M. D.: 15

Native of: Maryland

Occupation:

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name: George H Spear

Mother's Name: Mary E. Henderson

Cause of Death — Primary: Convulsions 49

How long sick: 3 days

Immediate

Accident, Suicide, Homicide

Reported by: Dr J. V. Wallace

Address: Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79458

Name in Full: John Taylor

Certificate of Death

Died at Town: Fair Hill County: Cecil MARYLAND

Date 1899 Month: March Day: 16 | Age Y. 28 M. D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children~~ living

~~Husband~~ Wife of

Father's Name: William Taylor

Mother's Name: Sarah Taylor

Cause of Death: Primary: Multiple

Immediate: Tuberculosis

How long sick: 2 years or more

~~Accident, Suicide, Homicide~~

Reported by: David Mackey

Address: Lewisville Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Certificate of Death

Samuel Thomas

Died at North East Town, Cecil County, MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	2					

Date 189 9 Age 9-0

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wesley Thomas

Mother's Name

Cause of Death: Primary — Heart Trouble 5-7 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Elston Cecil Co Hlig 3-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: not named Wallace

Certificate of Death

Died at — Town: Warwick — County: Cecil — MARYLAND

Date 1899 — Month: Mar — Day: 31 — Age: Y. M. D. 12 — Native of: Md — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of: ~~George Wallace~~

Father's Name: George Wallace — Mother's Name: Rell Ford

Cause of Death — Primary: ~~Tetanus~~ Tetanus 1380 — How long sick: 12 days

Immediate: Blood Poison — ~~Accident, Suicide, Homicide~~

Reported by: J J Wright MD

Address: Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968